United States Of America

Department of Transportation - Federal Aviation Administration

Supplemental Type Certificate

Number SA2900SW

This Certificate issued to   Signature Flight Support Corporation,
a Delaware Corporation
7511 Lemmon Avenue, Hangar C
Dallas, TX   75209

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 4b *of the* Civil Air Regulations.

Original Product Type Certificate Number :   1A17

Make :   Grumman

Model :   G-159

Description of Type Design Change :
Installation of toilet and outside toilet service according to EAS Data List DL383634 dated 11/30/78, or later FAA approved revision.

Limitations and Conditions :
Compatibility of this modification with other previously approved modifications must be determined by the installer.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application : November 30, 1978

Date of issuance : January 23, 1979

Date reissued : 9/4/92; 12/21/98; 8/31/00

Date amended : 1/31/79; 3/10/81; 5/11/82
Rev. 3

By direction of the Administrator

Bill Vickers   *for*
_____
(Signature)
S. Frances Cox
Manager, Special Certification Office,
Southwest Region
_____
(Title)

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of the Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number _____

to (Name of transferee) _____

(Address of transferee) _____
                              (Number and street)

                        _____
                              (City, State, and ZIP code)

from (Name of grantor) (Print or type) _____

(Address of grantor) _____
                              (Number & street)

                      _____
                              (City, State, and ZIP code)

Extent of Authority (if licensing agreement): _____

_____

_____

_____

Date of Transfer: _____

Signature of grantor (In ink): _____